

~Long Island~ Pediatrics

Financial Agreement

We are committed to providing you with the best possible care and are pleased to discuss our professional fee with you at any time. Your clear understanding of our Financial Policy is important to our professional relationship. Please ask if you have any questions about our fees, financial policy or your financial responsibility.

Patients must fill out PATIENT INFORMATION FORMS PRIOR to seeing the doctor. We will request to photocopy your insurance card and photo Id for your file.

Appointments- 48 hours notice must be provided in the event you cannot keep an appointment. Should you not provide this notice; a cancellation fee of \$30 (Mon – Friday) and \$50 (weekends) will be added to your account. As a courtesy we call to confirm appointments.

Referrals- If your plan requires a referral it is YOUR responsibility to obtain it prior to your appointment and have it with you at the time of your visit. If you do not have your referral, your appointment will be rescheduled.

Co-payments- By law we MUST collect your carrier designated co pay. This payment is expected at the time of service. Please be prepared to pay the co pay at each visit. Should you not pay at the time of service and we subsequently send you a statement, an administrative fee of \$30 will be added to your account.

Newborns: The enrollment process should be started as soon as the baby is born by notifying your HR dept., Ins. Co. or Medicaid to ensure there will be no issues. A credit card kept on file is mandatory for our newborns. Any claims not paid over 60-90 days will be the responsibility of the patient until the baby is enrolled and claims are paid.. At that time, payment will be refunded to the credit card on file.

Insurance- For patients with contracted insurance policies, all co-pays, co-insurances and deductibles are to be paid each and every visit. For Medicare and contracted insurances, we will bill all services as per the requirements of the insurance contract. It is your responsibility to inform the office staff of any changes with your insurance coverage. Any service that is rendered by this office, that is not a covered benefit of your insurance policy, is your responsibility to pay. Our office does not bill secondary insurance companies.

Medicaid- At this time we are a Medicaid Provider

Self-Pay Patients – Payment is expected at the time of service unless other financial agreements have been made prior to your visit.

Divorced/Separated Parents of Minor Patients- The parent who consents to the treatment of a minor child is responsible for payment of services rendered. Long Island Pediatrics, PLLC will not be involved with separation or divorce disputes. Patients under the age of 18 years of age must be present with a legal guardian or relative.

You are responsible for the timely payment of your account. Should it become necessary for us to use an outside agency to collect payment from you, you will be additionally responsible for whatever charges we incur as a result of this.

WE ACCEPT CASH, CHECKS, MASTERCARD, VISA AND DISCOVER CARD.

Thank you for taking the time to review our policies. Please feel free to ask any questions or share with us special concerns.

Patient's Name: _____

DOB: _____

Responsible Party Signature: _____

Date: _____

Print Name: _____

Relationship: _____